2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 06, 2006 08:00 AM Secretary of State DOCUMENT #F88345 1. Entity Name THE REALTY EXPERTS, INC. Principal Place of Business Mailing Address 3011 EXCHANGE CT. P.O. BOX 221513 104 WEST PALM BEACH, FL 33422 WEST PALM BEACH, FL 33409 01072006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 59-2205416 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROCKRISE, SALLY S DO NOT WRITE 3011 EXCHANGE CT., SUITE 104 WEST PALM BEACH, FL 33409 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agein and title if explicable, (MOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PSTD TSTLE NAME ROCKRISE, SALLY S STREET ADDRESS PO BOX 221513 CITY-ST-20P WEST PALM BEACH, FL 33422 TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME SIREFT ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or the jeceiver or truetee ampowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 307, Florida Statutes; and that my name appears in Block 10 or Block 11 if the same of the chapter 307, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CIFY-ST-ZIP TITLE NAME STREET ADDRESS CIFY-ST-ZIP

GRUTURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

President 2/

Deytina Phone

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